

CT CORPORATION

CORPORATION(S) NAME

L0200 0005586

(1) Ronshap LLC

(2) Evron LLC

(3) Evshap LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR -8 PM 12:31

APPROVED  
AND  
FILED

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☐ Foreign

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

02 MAR -8 AM 11:20  
RECEIVED

Name

3/8/02

Order#: 5181311

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

kf

Ref#:

400005073294--6

-03/08/02--01058--004

Amount: \$ \*\*\*\*125.00 \*\*\*\*125.00

400005073294--6

-03/08/02--01058--008

\*\*\*\*\*30.00 \*\*\*\*\*30.00

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

3802

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: EVSHAP LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

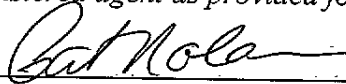
1775 Mitchell Court  
Daytona, Florida 32128

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: CT Corporation System  
Florida street address (P.O. Box NOT acceptable): c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

Patrick A. Nolan  
Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

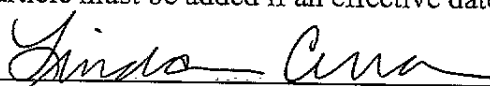
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AND  
FILED

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signer